



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

**INSTRUCTIONS:** Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

## PART I: OVERVIEW

|   |                      |  |                                  |
|---|----------------------|--|----------------------------------|
| Department Office/Division/Program:                     |                      | OC – Joy Gould                         |                                  |
| Department Contract Administrator or Grant Coordinator: |                      | Nancy Tan<br>Jennifer Levesque         |                                  |
| (If applicable) Department Reference #:                 |                      | COM-22-6100                            |                                  |
| Amount:<br>(Contract/Amendment/Grant)                   | \$ 900,000.00        | Advantage CT / RQS #:                  | CT 10A<br>20220111000000001670   |
| CONTRACT  | Proposed Start Date: | 1/1/2022                               | Proposed End Date:<br>12/31/2022 |
| AMENDMENT   | Original Start Date: |  | Effective Date:                  |
|   | Previous End Date:   |  | New End Date:                    |
| GRANT   | Project Start Date:  |  | Grant Start Date:                |
|   | Project End Date:    |  | Grant End Date:                  |
| Vendor/Provider/Grantee Name,<br>City, State:           |                      | Live Work Maine Inc.,<br>Brunswick, ME |                                  |
| Brief Description of<br>Goods/Services/Grant:           |                      | Media Services                         |                                  |

## PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

|                                     |                                   |                          |                                  |
|-------------------------------------|-----------------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/>            | A. Competitive Process            | <input type="checkbox"/> | G. Grant                         |
| <input type="checkbox"/>            | B. Amendment                      | <input type="checkbox"/> | H. State Statute/Agency Directed |
| <input checked="" type="checkbox"/> | C. Single Source/Unique Vendor    | <input type="checkbox"/> | I. Federal Agency Directed       |
| <input type="checkbox"/>            | D. Proprietary/Copyright/Patents  | <input type="checkbox"/> | J. Willing and Qualified         |
| <input type="checkbox"/>            | E. Emergency                      | <input type="checkbox"/> | K. Client Choice                 |
| <input type="checkbox"/>            | F. University Cooperative Project | <input type="checkbox"/> | L. Other Authorization           |

Please respond to ALL of the questions in the following sections.

### PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The purpose of this Agreement is to develop and execute a comprehensive marketing campaign focused on the twin goals of positioning entry-level health care careers as the first step to meaningful and well-paying careers, and connecting Maine's young people, including current high school students, to current job and education opportunities in entry-level health care fields, such as but not exclusive to phlebotomy, certified nursing assistants, medical office assistants, personal care attendants, and direct-care workers.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The health care work force crisis is immediate, with significant staffing shortages in all industry subsectors that jeopardize the ability of health care systems to provide services to Maine's residents. There is an urgent need to implement a marketing strategy immediately that attracts entry-level workers as young people are making career decisions. The Provider has existing contracts with Maine Health, Northern Light, and Martin's Point. As this is a public-private partnership, this vendor allows the Department to leverage existing marketing strategies in the healthcare sector, as well as the ability to drive traffic to a job board focused on these rolls. Marketing dollars will be combined with other existing private sector funds to support health care workforce attraction and the state will benefit from aligning the work on an ongoing basis. The Provider is partnered with Jobs for Maine's Graduates to leverage direct connections with high school students and recent graduates.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Provider has partnered successfully with the Department of Economic and Community Development, as well as key healthcare system employers. A scope of work and project goals were developed in partnership with industry leaders and the Department's communications team. Projected costs are in line with other marketing campaign strategies.

4. Describe the plan for future competition for the goods or services.

This is a limited time project funded through ARP funds and leveraged private funds. It is not anticipated to go out to bid as that would remove the ability to leverage private funds already invested.

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

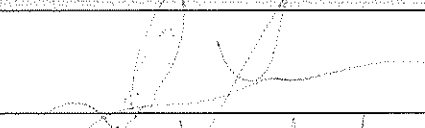
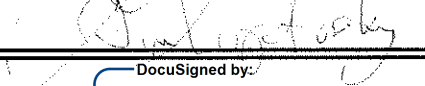

Does this request utilize ARPA/MJRP funds?

☒ Yes – If Yes, please attach the approved Business Case(s).

☐ No – If No, proceed to Part V

### PART V: APPROVALS

The signatures below indicate approval of this procurement request.

|  |   |       |          |
|--|---|-------|----------|
| Signature of requesting Department's Commissioner (or designee): |  |       |          |
| Typed Name:  |  | Date: | 1-Feb-22 |
| Signature of DAFS Procurement Official:                          |  |       |          |
| Typed Name:  | Kathy Paquette  | Date: | 3/1/2022 |